

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):  _____  ATTORNEY FOR (Name): <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: ESTATE OF (NAME):  <div style="text-align: right;">DECEDENT</div>	<div style="text-align: right;"><b>FOR COURT USE ONLY</b></div> Personal representative's allowance or rejection filed: <div style="text-align: center;">           .....            (date) <span style="float: right;">(Deputy)</span> </div> <input type="checkbox"/> No court approval required.  Presented to court for approval or rejection: <div style="text-align: center;">           .....            (date) <span style="float: right;">(Deputy)</span> </div> CASE NUMBER:
<b>ALLOWANCE OR REJECTION OF CREDITOR'S CLAIM</b> <b>(for estate administration proceedings filed after June 30, 1988)</b>	

NOTE: Attach a copy of the creditor's claim.

### PERSONAL REPRESENTATIVE'S ALLOWANCE OR REJECTION

1. Name of creditor (*specify*):
2. The claim was filed on (*date*):
3. Date of first issuance of letters:
4. Date of Notice of Administration:
5. Date of decedent's death:
6. Estimated value of estate:
7. Total amount of the claim: \$
8. ☐ Claim is allowed for: \$
9. ☐ Claim is rejected for: \$
10. Notice of allowance or rejection given on (*date*):
11. ☐ The personal representative is authorized to administer the estate under the Independent Administration of Estates Act.

*(The court must approve certain claims before they are paid.)*

*(A creditor has three months to act on a rejected claim. See box below.)*

Date:

.....  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
 (SIGNATURE OF PERSONAL REPRESENTATIVE)

**REJECTED CLAIMS:** From the date notice of rejection is given, the creditor must act on the rejected claim (e.g., file a lawsuit) as follows:

- a. **Claim due:** within three months after the notice of rejection.
- b. **Claim not due:** within three months after the claim becomes due.

12. ☐ Approved for: \$

13. ☐ Rejected for: \$

Date:

14. ☐ Number of pages attached:

SIGNATURE OF ☐ JUDGE ☐ COMMISSIONER

☐ Signature follows last attachment.

(Proof of Service on reverse)

ESTATE OF (NAME):  _____	CASE NUMBER:  _____
DECEDENT	

**PROOF OF ☐ MAILING ☐ PERSONAL DELIVERY TO CREDITOR**

1. At the time of mailing or personal delivery I was at least 18 years of age and **not a party** to this proceeding.
2. My residence or business address is *(specify)*:
  
3. I mailed or personally delivered a copy of the **Allowance or Rejection of Creditor's Claim** as follows *(complete either a or b)*:

☐ **Mail.** I am a resident of or employed in the county where the mailing occurred.

(1) I enclosed a copy in an envelope AND

- (i) ☐ **deposited** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- (ii) ☐ **placed** the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

(2) The envelope was addressed and mailed first-class as follows:

(i) Name of creditor served:

(ii) Address on envelope:

(iii) Date of mailing:

(iv) Place of mailing *(city and state)*:

b. ☐ **Personal delivery.** I personally delivered a copy to the creditor as follows:

(1) Name of creditor served:

(2) Address where delivered:

(3) Date delivered:

(4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....  
(TYPE OR PRINT NAME OF DECLARANT)



\_\_\_\_\_  
(SIGNATURE OF DECLARANT)